

Ambulance Services

Updated June 3, 2015

Rates Effective March 1, 2015

Procedure Code	Code Description	Rate
A0021	AMBULANCE SERVICE; OUT OF STATE; PER MILE TRANSPORT [Out-of-state ambulance providers bill this code.]	\$2.00
A0225	AMBULANCE SERVICE; SPECIALIZED NEONATAL TRANSPORT, BASE RATE EMERGENCY ONE WAY [GROUND][Birth to 2 years of age]	\$300.00
A0420	AMBULANCE WAITING TIME (ALS OR BLS), ONE HALF (1/2) HOUR INCREMENTS [starting with the second completed half hour at one half hour per unit]	\$95.00
A0424	EXTRA AMBULANCE ATTENDANT, ALS OR BLS (REQUIRES MEDICAL REVIEW)	\$32.00
A0425	GROUND MILEAGE, PER STATUTE MILE	\$4.73
A0425	GROUND MILEAGE, PER STATUTE MILE-INVOLUNTARY ADMISSION TO A PSYCHIATRIC FACILITY (SEE NOTE D)	\$8.00
A0426	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 [ALS 1]	\$166.21
A0427	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1 [ALS 1-EMERGENCY]	\$263.19
A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT, [BLS]	\$138.52
A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT, [BLS]-INVOLUNTARY ADMISSION TO A PSYCHIATRIC FACILITY (SEE NOTE D)	\$285.00
A0429	AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT [BLS-EMERGENCY]	\$221.59
A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE-WAY [FIXED WING] (SEE NOTE B)	\$1,874.60
A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE-WAY [ROTARY WING] (SEE NOTE C)	\$2,179.45
A0433	ADVANCED LIFE SUPPORT, LEVEL 2 [ALS 2]	\$380.90
A0434	SPECIALTY CARE TRANSPORT [SCT]	\$450.13
A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	\$5.54
A0436	ROTARY WING AIR MILEAGE, PER STATUTE MILE	\$14.80
A0998	AMBULANCE RESPONSE AND TREATMENT, NO TRANSPORT	\$95.00

NOTES:

A

This code is to be used for air ambulance layover charges, for air ambulance landing fees, and for any other air or ground ambulance service which is not otherwise classified. Claims for such services shall be evaluated individually as the claim is processed and only actual cost will be reimbursed.

The air ambulance layover charge is limited to \$65.00 per hour, plus reasonable expenses incurred by employees covered under Chapter II, Section 5 of the MaineCare Benefits Manual either when the return flight is delayed due to poor weather conditions or while waiting for the member when it has been determined that the charges while waiting would be less than making two separate trips.

Reimbursement for air ambulance landing fees is limited to \$48.00.

Ambulance services not otherwise classified shall cover all medically necessary services not identified in any of the codes.

B

The fixed-wing per transport rate shall cover all costs associated with financing the fixed wing aircraft and providing equipment, supplies, routine personnel and all necessary medical services administered to the member. The fixed wing per transport rate shall also cover all administrative costs associated with providing the air ambulance services and arranging for the land ambulance services as specified in Chapter II, Section 5 of the MaineCare Benefits Manual.

C

Air Helicopter Base Rate may be billed in conjunction with Rotary Wing Air Mileage. This reimbursement shall cover all costs associated with providing equipment, supplies, personnel, and all necessary medical services provided to the member which are not already reimbursed through the air helicopter service reimbursement. The air helicopter base rate shall also cover all administrative costs associated with providing the air helicopter services and arranging for the land ambulance services as specified Chapter II,

D

Use modifier H9 to designate Basic Life Support Non-Emergency Transports (Procedure Code A0428) and ground mileage (Procedure Code A0425) performed under the auspices of an Emergency Involuntary Admission to a Psychiatric Facility (Blue Paper) commitment proceeding.